

Provider Directory Workshop Methodology

Meeting Format

The purpose of the Provider Directory Workshop was to review challenges, share success stories, and generate new ideas around provider directories. The intended audience was individuals interested in provider directory standards and implementation, and organizations and vendors developing or implementing provider directory solutions. The Workshop considered non-technical issues such as governance and sustainability as appropriate, but with the intent not to concentrate on these topics.

The meeting was described as a “Workshop” rather than a summit, boot camp, or other meeting type to underline focus on action moving forward and active participation of knowledgeable attendees, and not on past work, education, and presentations. The agenda was separated into an initial day devoted to short presentations to establish a shared understanding of where we are, followed by a second day devoted to inclusive discussions of requirements and issues, expressly without presentations.

The initial intent was to secure a venue with a capacity for 200 or more, with a banquet or classroom configuration (versus a theater or auditorium configuration) to accommodate a relatively large number of anticipated attendees. However, the available venue could seat no more than 100, even when configured as a classroom. The intimate nature of a smaller room, filled nearly to capacity, ultimately worked very well.

Audio and slides were broadcast for remote attendees. Wireless microphones were used to capture the questions and comments of attendees. Slides were shown through a web meeting on Day 1, but Day 2 included audio only.

Break-out sessions were considered but rejected in favor of keeping the entire group of participants engaged rather than splitting the group and perhaps diminishing input on a topic.

There was consideration for defining provider directories for the purpose of the Workshop early on Day 1. Instead, a “definition” was allowed to emerge through discussions, especially discussions of use cases and stakeholder access on Day 2. However, provider directories were discussed from the point of view that interoperability and data quality were important and required characteristics. The Workshop included specific topics on existing and evolving technical interoperability standards to reinforce an operational and technical focus.

Meeting Participants

There was a strong desire to ensure participation of key leaders and implementers across a broad range of stakeholders. Therefore, two rounds of invitations were sent out via email approximately six weeks and again approximately four weeks before the meeting, both before open registration was announced. Approximately 150 participants were invited from Federal Agencies, state Medicaid programs, state and regional health information exchanges, insurance exchanges, nationwide exchange networks, health plans, and key vendors.

An on-line registration site was created, and registration was monitored weekly. It was necessary to prompt several key invitees more than once to register. The room reached capacity and registration was closed approximately one week before the meeting.

Participation from states was limited, perhaps due to travel restrictions, and no Medicaid programs or insurance exchanges were represented in person. Few health plans were represented. Those not attending citing the Workshop’s focus on health information exchange as the reason. There were few providers in attendance, with provider organizations represented only through health information exchanges or vendors.

Approach to Presentations

Presentations were planned for Day 1 only. Each speaker was given no more than 15-20 minutes to present, inclusive of any time they wished to leave for questions. The intent of Day 1 presentations was to establish a common, shared understanding of the current state of provider directories, and not to educate uninformed participants. All speakers were informed of the time limit in advance and encouraged to focus on substance rather than introductory material.

Invitations to present on provider directories focused on organizations with operational experience and innovative plans that were entering implementation.

The agenda for Day 1 was structured as follows:

- Begin with a very short introduction
- Describe existing implementations and the lessons learned from them
- Summarize past meetings, recommendations, and initiatives to glean lessons that are still applicable
- Review available technical standards

Day 2 was structured as series of interactive discussions, expressly without presentations. Content for the discussion was taken from exercises on Day 1 and early on Day 2. The agenda was divided into group discussions in the morning, and panel discussions on key issues in the afternoon. The panels were ultimately abandoned in favor of all-inclusive group discussions led only by the MC.

Meetings Tools

Public-Facing Web Site

A public-facing wiki site was created on Confluence in advance of the meeting and advertised on the registration site. The Public-Facing Web Site contained:

- The agenda, which was updated as speakers were confirmed
- Reference materials for review by attendees prior to the meeting
- Day 1 presentations, posted beginning the week before the meeting and completed during the meeting and presentations were received
- Pictures of the easels, posted during both days of the meeting
- Recordings of the presentations and discussion, posted after the meeting
- A draft transcript of both days, posted after the meeting

The intent is to move some or all of these materials to a page on HealthIT.gov. Use of the wiki, however, allowed for rapid changes and additions to the Site during the days leading up to the meeting and during the meeting itself.

Remote Participation

The meeting was designed for in-person participation, especially for the working session planned for Day 2.

However, the meeting was broadcast to allow for participants to attend remotely. The venue did not include microphones and had no video capability. Wireless microphones were used to capture the questions and comments of attendees. Slides were shown through a web meeting on Day 1, but Day 2 included audio only. With only two special exceptions, remote participants were muted at all times.

Questions and comments from remote participants were submitted through the web meeting's chat capability, copied to Post-It notes, and read to attendees or posted in the meeting room.

Parking Lot

A single easel was placed in the meeting room for a list of topics raised in discussions that may need to be addressed but that would draw attendees away from the planned discussion or take too long to resolve. All parking lot items were required to have a disposition to address the issue at a later time in the Workshop or follow-up after the Workshop.

The Parking Lot was transcribed to a list of action items following the Workshop. Pictures of the Parking Lot were posted on the Public-Facing Web Site for reference by remote participants.

The "Group Exercise"

Day 2 of the Workshop was intended to identify priority use cases, provider directory features, stakeholders, etc. Information for Day 2 was effectively "crowd-sourced" through a Group Exercise.

The Group Exercise was introduced during the afternoon break on Day 1. Two easels and markers were placed in the meeting room, and attendees were asked to write in features and/or data attributes they thought were important to include in provider directories, and priority use cases that should be considered. There were asked to consider both their personal experience and what they had heard so far during Day 1 presentations.

Attendees were asked to add more items to the easels at the close of Day 1, but more importantly asked to think more about features, data attributes, and use cases as part of "homework" during closing remarks. Those thoughts might include their own private thoughts, or dinner discussions with colleagues. Attendees were encouraged to think beyond what they know or think they know about current standards, beyond what they do today, and beyond even the name "provider directory".

Remote participants were also asked to submit their own thoughts via the web meeting's chat feature. Their items were copied to the easels as well. Pictures of each easel were posted on the Public-Facing Web Site for the benefit of remote participants.

Attendees were then asked to come 30 minutes early on Day 2 for "networking and group exercise", during which time they were encouraged to add more items to both easels based on their ruminations on Day 1 discussions and conversations with colleagues. As on Day 1, remote participants were encouraged to submit thoughts via chat that were added to the easels. Again as on Day 1, pictures of the easels were posted on the Public-Facing Web Site so they could be reviewed by remote participants.

Day 2 was convened, Day 1 was reviewed, and attendees were given "voting" instructions to help prioritize what was written on the easels. For each easel, representing use cases and features/data, attendees were asked to:

- Place a green mark next to up to three items that should be top priority
- Place a red mark next to up to three items that should not be included

Remote participants were asked to submit their votes by chat.

High-priority items – those receiving the majority of green marks – became the focus of discussions during the morning session on Day 2. Items with red marks were also discussed to understand why they were added but thought inappropriate or of low priority by so many attendees.

Published Meeting Agenda

The first day of the workshop concentrated on achieving a common understanding and appreciation for where we have been and where we are now in the exploration and development of provider directories. Presenters were asked to illustrate the findings and recommendations of past work groups, and achievements of current provider directory initiatives and implementations.

| Time | Topic | Speaker |
|------|-------|---------|
|------|-------|---------|

| | | |
|-------------|---|--|
| 8:00-8:30 | Registration | Day 2 will begin promptly at 8:30. MITRE is a secure facility. Please arrive early enough to clear security and pick up your badge. |
| 8:30-9:00 | Welcome Charge from ONC and FHA Agenda and Logistics Working Definition of Provider Directory | Daniel Chaput <i>Public Health Analyst</i> Office of the National Coordinator for Health IT Steve Posnack <i>Director, Office of Standards and Technology</i> Office of the National Coordinator for Health IT Rim Cothren <i>Contractor to the Office of the National Coordinator for Health IT</i> |
| 9:00-10:20 | Example Implementations | |
| | Flat File Directory for Direct Addresses and State-level Provider Directory | Britteny Matero <i>Director</i> CareAccord Karen Hale <i>Lead Policy Analyst</i> Oregon Health Authority, Office of Health IT |
| | Rhode Island Provider Directory Project: Creating a Centralized, Statewide Provider Directory | Amy Zimmerman, MPH <i>State HIT Coordinator</i> Executive Office of Health and Human Services Elaine Fontaine <i>Director, Data Quality and Analytics</i> Rhode Island Quality Institute |
| | Provider Information as a Component of Trust: California's Directory Services | Robert Cothren, PhD <i>Executive Director</i> California Association of Health Information Exchanges |
| | The Evolution of Provider Directories: What We've Learned and Where We're Going | Jeff Livesay <i>Associate Director</i> Michigan Health Information Network Shared Services |
| 10:20-10:40 | Break | |
| 10:40-12:00 | Example Implementations (continued) | |
| | Provider Data Accuracy Post-ACA: The Challenges and Opportunities | Sarah Summer, JD/MPH <i>Deputy Director, Public Policy</i> Blue Shield of California |
| | Provider Data: A Fundamental Need for Collaboration | Atul Pathiyal <i>Managing Director</i> CAQH |
| | An Overview and Learnings from the DirectTrust Provider Directory Aggregation Service | David C. Kibbe, MD MBA <i>President and CEO</i> DirectTrust |
| | Provider Directories: A Strategic Priority | Eric Heflin <i>Chief Technology Officer</i> The Sequoia Project and THSA |
| 12:00-1:00 | Lunch | |
| 1:00-2:00 | Example Implementations (continued) | |

| | | |
|-----------|---|--|
| | Provider Directories and Social Security Disability | Marty Prah <i>Health IT Consultant</i> Social Security Administration |
| | Provider Directory Prototype | Vanitha Khetan <i>Principal Information Systems Engineer</i> The MITRE Corporation Peter Krautscheid <i>Software Systems Engineering Lead</i> The MITRE Corporation |
| | Modernizing NPDES | Richard Gilbert <i>Director, Division of Enrollment Systems</i> Centers for Medicare & Medicaid Services |
| 2:00-3:00 | Past Meetings and Initiatives | |
| | Journey through the Past: A Review of ONC and FACA Provider Directory Activities | Micky Tripathi <i>CEO, Massachusetts eHealth Collaborative</i> <i>Chair, HITPC Information Exchange Working Group</i> |
| | Overview of S&I Work on Provider Directory | Bob Dieterle <i>CEO, Contractor to FHA and CMS</i> EnableCare, LLC |
| | Overview of FHA Partner Requirements and Priorities for Healthcare Directory | |
| | Provider Directory Resource Requirements for the EHR HIE Interoperability Work Group and ConCert by HIMSS | John Donnelly, MS, MBA, CHIMS <i>President</i> IntePro Solutions |
| 3:00-3:30 | Break and Group Exercise | |
| 3:30-4:30 | Standards Development | |
| | Lessons Learned: Use of the UDDI and HPD Directory Standards | Eric Heflin <i>Chief Technology Officer</i> The Sequoia Project and THSA |
| | HL7 FHIR and Service Provider Directories | Brian Postlethwaite <i>Senior Solutions Architect</i> Telstra Health |
| | Demonstration | Alan Viars <i>President</i> Validity |
| 4:30-5:00 | Wrap-up for Day 1 | Rim Cothren <i>Contractor to the Office of the National Coordinator for Health IT</i> |
| | Summary, Homework for Day 2 Group Exercise, Networking | |
| 5:00 | Adjourn | |

The second day of the workshop was a working session. It was initially envisioned to explore the use cases, functional requirements, and data requirements that could bring greater value to provider directories, the issues that present barriers to our successful development, deployment, and sustainability of provider directories, and ways we might address those barriers.

| Time | Topic | Speaker |
|-----------|--------------------------------------|--|
| 8:00-8:30 | Registration | Day 2 will begin promptly at 8:30. MITRE is a secure facility. Please arrive early enough to clear security and pick up your badge. |
| 8:30-9:00 | Networking and Group Exercise | |

| | | |
|-------------|--|--|
| 9:00-9:40 | Introduction Recap from Day 1 Scope and Logistics Review of Exercise | Dan Chaput <i>Public Health Analyst</i> Office of the National Coordinator for Health IT Rim Cothren <i>Contractor to the Office of the National Coordinator for Health IT</i> |
| 9:40-10:00 | Final Group Exercise | |
| 10:00-11:30 | Requirements and Features Use Cases Information Content Scope | Group Discussion facilitated by Rim Cothren <i>Contractor to the Office of the National Coordinator for Health IT</i> |
| 11:30-12:30 | Lunch | |
| 12:30-2:30 | Issues | |
| | Information Quality, Responsiveness | Panel Discussion |
| | Scalability | Panel Discussion |
| | Security and Access | Panel Discussion |
| 2:30-3:00 | Wrap-up for Day 2 Summary from Day 1 and Day 2 Next Steps | Rim Cothren <i>Contractor to the Office of the National Coordinator for Health IT</i> |
| 3:00 | Adjourn | The room will remain open for those that wish to continue to network, sign up for follow-up activities, or have side discussions. |